

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS



RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
COVER PAGE

FILED
Napa County
Assessor-Recorder-County Clerk
Election Division
Official Use Only

MAR 28 2012

Please type or print in ink.

NAME OF FILER

(LAST)

Dodd

William

(FIRST)

(MIDDLE)

1. Office, Agency, or Court

Agency Name

County of Napa

Division, Board, Department, District, if applicable

Your Position

Board of Supervisors

Board Member, District 4

► If filing for multiple positions, list below or on an attachment.

Agency: see attached list

Position: see attached list

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☒ County of Napa

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left / /
(Check one)

-or-

The period covered is / / through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed / /

☐ The period covered is / / through the date of leaving office.

☐ Candidate: Election Year Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 7

☒ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California

Date Signed 2/29/12
(month, day, year)

Sig

STATEMENT OF ECONOMIC INTERESTS

1. Office, Agency or Court Expanded List:

<u>Agency</u>	<u>Position</u>
Napa County Board of Supervisors	Board Member
Napa County Board of Equalization	Board Member
Silverado Community Services District	Board Member
Lake Berryessa Resort Improvement District	Board Member
Napa-Berryessa Resort Improvement District	Board Member
Monticello Public Cemetery District	Board Member
Napa County Flood Control & Water Conservation District	Board Member
Napa County Flood Protection & Watershed Improvement Authority	Board Member
Napa County Public Improvement Corporation	Board Member
In-Home Supportive Services Public Authority of Napa County	Board Member
Napa County Housing Authority	Board Member
Napa County Transportation Planning Agency (NCTPA)	Board Member
Metropolitan Transportation Commission	Commissioner
Local Agency Formation Commission	Commissioner
Association of Bay Area Governments	Alternate Board Member

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

William H Dodd

<p>NAME OF BUSINESS ENTITY <u>Morgan Stanley</u></p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Active Asset Account</u></p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 </p> <p>NATURE OF INVESTMENT <input type="checkbox"/> Stock <input checked="" type="checkbox"/> Other <u>Asset Management Acct</u> <small>(Describe)</small> <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C) </p> <p>IF APPLICABLE, LIST DATE: <u> </u> / <u> </u> / <u>11</u> <u> </u> / <u> </u> / <u>11</u> <small>ACQUIRED DISPOSED</small> </p>	<p>NAME OF BUSINESS ENTITY <u>Fidelity (Morgan Stanley)</u></p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Retirement</u></p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 </p> <p>NATURE OF INVESTMENT <input type="checkbox"/> Stock <input checked="" type="checkbox"/> Other <u>Mutual Fund</u> <small>(Describe)</small> <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C) </p> <p>IF APPLICABLE, LIST DATE: <u> </u> / <u> </u> / <u>11</u> <u>01</u> / <u>30</u> / <u>11</u> <small>ACQUIRED DISPOSED</small> </p>
<p>NAME OF BUSINESS ENTITY <u>Chemidex</u></p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Chemical Database Stock</u></p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 </p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ <small>(Describe)</small> <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C) </p> <p>IF APPLICABLE, LIST DATE: <u> </u> / <u> </u> / <u>11</u> <u> </u> / <u> </u> / <u>11</u> <small>ACQUIRED DISPOSED</small> </p>	<p>NAME OF BUSINESS ENTITY <u>Medicus</u></p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Insurance Company</u></p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 </p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ <small>(Describe)</small> <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C) </p> <p>IF APPLICABLE, LIST DATE: <u> </u> / <u> </u> / <u>11</u> <u>10</u> / <u>31</u> / <u>11</u> <small>ACQUIRED DISPOSED</small> </p>
<p>NAME OF BUSINESS ENTITY <u>Wine Bottle Renew, LLC</u></p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Recycled wine bottles for reuse</u></p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 </p> <p>NATURE OF INVESTMENT <input type="checkbox"/> Stock <input checked="" type="checkbox"/> Other <u>LLC</u> <small>(Describe)</small> <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C) </p> <p>IF APPLICABLE, LIST DATE: <u> </u> / <u> </u> / <u>11</u> <u> </u> / <u> </u> / <u>11</u> <small>ACQUIRED DISPOSED</small> </p>	<p>NAME OF BUSINESS ENTITY <u>WBR Management Company, LLC</u></p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Management of Wine Bottle Renew, LLC</u></p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 </p> <p>NATURE OF INVESTMENT <input type="checkbox"/> Stock <input checked="" type="checkbox"/> Other <u>LLC</u> <small>(Describe)</small> <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C) </p> <p>IF APPLICABLE, LIST DATE: <u> </u> / <u> </u> / <u>11</u> <u> </u> / <u> </u> / <u>11</u> <small>ACQUIRED DISPOSED</small> </p>

Comments:

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>William H Dodd</u>

1. BUSINESS ENTITY OR TRUST	
Name <u>William H. Dodd</u>	
Address (Business Address Acceptable) <u>1195 Third Street, Suite 310, Napa CA</u>	
Check one <input checked="" type="checkbox"/> Trust, go to 2 <input type="checkbox"/> Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/11 ____/____/11 ACQUIRED DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
YOUR BUSINESS POSITION _____	

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
<u>Commercial Building</u> <u>Tenants: Culligan Water, VA Filtration</u>

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST	
Check one box: <input type="checkbox"/> INVESTMENT <input checked="" type="checkbox"/> REAL PROPERTY	
<u>110 Dodd Court, American Canyon, CA</u>	
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	
<u>Leased to Culligan Water, VA Filtration</u>	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input checked="" type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/11 ____/____/11 ACQUIRED DISPOSED
NATURE OF INTEREST <input checked="" type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

Comments: _____

1. BUSINESS ENTITY OR TRUST	
Name <u>WBR Management Company, LLC</u>	
Address (Business Address Acceptable) <u>3439 Broadway, American Canyon, CA</u>	
Check one <input type="checkbox"/> Trust, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Mgmt of Wine Bottling Recycling</u>	
FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/11 ____/____/11 ACQUIRED DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Other	
YOUR BUSINESS POSITION <u>President</u>	

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
<u>American Canyon Arts Council</u> <u>WBR Management Company, LLC</u>

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST	
Check one box: <input checked="" type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY	
<u>Dodd/Stephens Properties</u>	
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	
<u>3439 Broadway, American Canyon, CA</u>	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/11 ____/____/11 ACQUIRED DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
<input checked="" type="checkbox"/> Leasehold <u>3</u> Yrs. remaining <input type="checkbox"/> Other _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>William H Dodd</u>

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
110 Dodd Court

CITY
American Canyon, CA

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☒ Over \$1,000,000

IF APPLICABLE, LIST DATE:
____/____/11 ____/____/11
ACQUIRED DISPOSED

NATURE OF INTEREST
☐ Ownership/Deed of Trust ☐ Easement
☒ Leasehold 3 ☐ _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
Culligan Water, VA Filtration

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
3439 Broadway

CITY
American Canyon, CA

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
____/____/11 ____/____/11
ACQUIRED DISPOSED

NATURE OF INTEREST
☐ Ownership/Deed of Trust ☐ Easement
☒ Leasehold 3 ☐ _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
American Canyon Arts Council
WBR Management Company, LLC

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
SBA

ADDRESS (Business Address Acceptable)
San Francisco, CA

BUSINESS ACTIVITY, IF ANY, OF LENDER
Financial Institution

INTEREST RATE TERM (Months/Years)
6 % ☐ None 1

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000
☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
____ % ☐ None _____

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

William H. Dodd

► NAME OF SOURCE

Napa Valley Grapegrowers

ADDRESS (Business Address Acceptable)

1795 Third Street, Napa, CA 94559

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Grapegrowers Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 13 / 11	\$ 200	Dinner for 2
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

Altamura Enterprises

ADDRESS (Business Address Acceptable)

101 South Coombs Street, Napa, CA 94559

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Altamura Enterprises

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 26 / 11	\$ 120	Concert tickets for 2
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

Napa Valley Destination Council

ADDRESS (Business Address Acceptable)

1001 Second Street, Suite 330, Napa, CA 94559

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Visitor Center

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 18 / 11	\$ 300	2 ticket to Napa
___ / ___ / ___	\$ _____	Valley Appellation
___ / ___ / ___	\$ _____	Trail Tasting

► NAME OF SOURCE

Kenzo Winery

ADDRESS (Business Address Acceptable)

3200 Monticello Road, Napa, CA 94559

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Winery

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 01 / 11	\$ 200	Wine
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

Napa Valley Film Festival

ADDRESS (Business Address Acceptable)

P.O. Box 10994, Napa, CA 94581

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Film Festival

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 12 / 11	\$ 245	1 film festival ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

California Contractors Alliance

ADDRESS (Business Address Acceptable)

P.O. Box 601, Benicia, CA 94510

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Contractors Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 07 / 11	\$ 50	Lunch for 1
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments:

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

William H Dodd

► NAME OF SOURCE

Winegrowers of Napa County

ADDRESS (Business Address Acceptable)

P.O. Box 5937, Napa, CA 94581

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Winegrower Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 15 / 11	\$ 75	Lunch for 1
___ / ___ / ___	\$	
___ / ___ / ___	\$	

► NAME OF SOURCE

Dariouh Winery

ADDRESS (Business Address Acceptable)

4240 Silverado Trail, Napa, CA 94559

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Winery

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 25 / 11	\$ 60	1 bottle of wine
___ / ___ / ___	\$	
___ / ___ / ___	\$	

► NAME OF SOURCE

Rutherford Grove Winery

ADDRESS (Business Address Acceptable)

1673 St. Helena, Highway, St. Helena, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Winery

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 25 / 11	\$ 125	3 bottles of wine
___ / ___ / ___	\$	
___ / ___ / ___	\$	

► NAME OF SOURCE

Delicato Vineyards

ADDRESS (Business Address Acceptable)

12001 S Highway 99, Manteca, CA 95336

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Vineyard

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 25 / 11	\$ 60	Magnum of wine
___ / ___ / ___	\$	
___ / ___ / ___	\$	

► NAME OF SOURCE

Swanson Vineyards

ADDRESS (Business Address Acceptable)

1271 Manley Lane, Rutherford, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Vineyard

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 25 / 11	\$ 60	1 bottle of wine
___ / ___ / ___	\$	
___ / ___ / ___	\$	

► NAME OF SOURCE

Peju Province Winery

ADDRESS (Business Address Acceptable)

8466 St. Helena Highway, Rutherford, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Winery

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 25 / 11	\$ 50	1 bottle of wine
___ / ___ / ___	\$	
___ / ___ / ___	\$	

Comments: